PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000



Effective October 1, 2000									Η'	. /	177 00	0/5
CLAIMS AS FILED - PART (Column 1)					(Colu		SMALL ENTITY TYPE		OR	OTHER THAN		
TOTAL CLAIMS			24				Г	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			JY minus 20=		• 4		7	(\$ 9=		OR	X\$18=	72
INDEPENDENT CLAIMS			5 minus 3 =		2	2		X40=		OR	X80=	140
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				Γ,	135=		OR	+270=	
* If	the difference	in column 1 is	less than z	ess than zero, enter "0" in column 2			<u></u>	OTAL		OR	TOTAL	942
					mn 2) (Column 3)			MALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A	est ac	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	[RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 20	Minus	. 2	4	-		(\$ 9=		OR	X\$18=	
	Independent	Minus		5	7	7	K40=		OR	X80=		
╚	FIRST PRESENTATION OF MULTIPLE DEPENDENT-CL				CLAIM		+	135=		OR	+270=	
ł								TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	AUI	JII. FEE		•	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA	[RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	·	Minus			=	,	(\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF M	Minus		F.C.LAINA		7	(40=		OR	X80=	
_	FIRST PRESE	NTATION OF M	DETIFICE DE	PENDEN	CLAIM			135=		OR	+270=	
								TOTAL NT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu		(Column 3)	AUL	M1. FEE		•	AUDII. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus			-	×	\$ 9=		OR	X\$18=	7
	Independent	•	Minus			-	>	40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM						+270=	
	If the entry in colu	mn 1 is less than t	ne entry in col	umn 2. write	o "O" in coi	lumo 3		135=		OR	+2/U=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADI "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								TOTAL IT. FEE		OR	ADDIT. FEE	
		nber Previously Pa					found i	n the ap	propriate bo	in col	umn 1.	

FORM PTO-875 (Rev. 8/00)